



State of Vermont
Department of Labor and Industry

Operator #

Passenger Tramway Incident Report

☐ Personal Injury ☐ Mechanical/Electrical

INCIDENT REPORTS: A detailed report of all incidents, involving personal injury occurring on, or caused by, the tramway shall be sent to the Department of Labor and Industry, National Life Building, Montpelier, VT 05620-3401 within seventy-two hours from the time of incident. When severe injury or injuries occur, the Department must be called promptly.

1. Name of Ski Area Tramway Number

Address

Date of Incident: Time

2. Exact Location (Fix location precisely):

3. Persons Injured or Killed

CONFIDENTIAL TO SKI AREA

4. Weather Conditions/Visibility	Ramp Conditions	Uphill Track Conditions Surface lifts only	Wind
<input type="checkbox"/> Clear <input type="checkbox"/> Sleet	<input type="checkbox"/> Powder	<input type="checkbox"/> Ice	Direction
<input type="checkbox"/> Fog <input type="checkbox"/> Dark	<input type="checkbox"/> Packed Powder	<input type="checkbox"/> Bare spots	<input type="checkbox"/> Strong
<input type="checkbox"/> Rain <input type="checkbox"/> Light	<input type="checkbox"/> Loose Granular	<input type="checkbox"/> Bumps	<input type="checkbox"/> Light
<input type="checkbox"/> Snow <input type="checkbox"/> Other	<input type="checkbox"/> Frozen Granular	<input type="checkbox"/> Smooth	<input type="checkbox"/> Moderate
	<input type="checkbox"/> Wet Granular		<input type="checkbox"/> None
	<input type="checkbox"/> Icy		

5. Names, addresses and station of attendants in charge of tramway at time of incident:

- 1.
- 2.
- 3.

6. Outline a description of the incident.

7. Names and addresses of known witnesses; both employees and public.

- 1.
- 2.
- 3.

8. Is tramway accepted for public use? ☐ Yes ☐ No. Name of Vermont inspector who last inspected tramway:

9. If mechanical incident, is a wire rope inspection required? ☐ Yes ☐ No

10. If injured person was treated at scene of accident, list names by whom injured was treated.

11. If injured person was transported to a shelter, hospital, etc., state method and by whom.

12. Name of hospital or doctor's office where injured was taken.

13. Was first-aid equipment available at tramway area? ☐ Yes ☐ No.

Signature _____ Date _____

Please send a signed and dated copy to the Department of Labor & Industry, Passenger Tramway Section, National Life Building, Drawer 20, Montpelier, VT 05620-3401.